

Exhibit 1

INVOICE

Ace-Merit, LLC
 30 Garfield Place
 Suite 620
 Cincinnati OH 45202-4364
 Phone: 513-241-3200 Fax: 513-241-7958

Invoice No.	Invoice Date	Job No.
178973	4/4/2013	104913
Job Date	Case No.	
3/1/2013	112CV408	
Case Name		
Phyllis Clark vs. Main Street Acquisitions Corp.		
Payment Terms		
Net 30 - int. accrues @ 1.5% per month		

Boyd Gentry, Esq.
 Law Office of Boyd Gentry
 2661 Commons Boulevard
 Suite 100
 Beavercreek OH 45431

DEPOSITION OF:

Randy T. Slovin

112.80

TOTAL DUE >>>**\$112.80**

AFTER 5/4/2013 PAY

\$114.49

30 DAY SIGNATURE AT ACE-MERIT THROUGH RANDY SLOVIN
 4/03/13 ETRAN SENT

Tax ID: [REDACTED]

Phone: 937-839-2881 Fax:

Please detach bottom portion and return with payment.

Boyd Gentry, Esq.
 Law Office of Boyd Gentry
 2661 Commons Boulevard
 Suite 100
 Beavercreek OH 45431

Job No. : 104913 BU ID : MAIN
 Case No. : 112CV408
 Case Name : Phyllis Clark vs. Main Street Acquisitions Corp.

Invoice No. : 178973 Invoice Date : 4/4/2013

Total Due : \$112.80

AFTER 5/4/2013 PAY \$114.49

Remit To: **Ace-Merit, LLC**
30 Garfield Place
Suite 620
Cincinnati OH 45202-4364

PAYMENT WITH CREDIT CARDCardholder's Name: Boyd Gentry

Card Number: [REDACTED]

Exp. Date: [REDACTED]

Phone#: 937-974-5527

Billing Address: [REDACTED]

Zip: 45309Amount to Charge: 112.80

Cardholder's Signature: [REDACTED]



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Videoconferencing, Legal Video Services, Exhibit Scanning,
Transcripts / Video Synchronization, 24-7 Online Repository
1.888.ACR.3335 • 1.800.862.4206 (FAX)
Info@acrdepos.com • scheduling@acrdepos.com • www.acrdepos.com

COD INVOICE # 34555

LAW OFFICES OF BOYD W. GENTRY, ESQ.
BOYD W. GENTRY, ESQ.
9 EAST DAYTON STREET
WEST ALEXANDER, OH 45381

BOYD W. GENTRY, ESQ.:

Please be advised that the transcript of **JASON HARRISON** taken on **November 16, 2012** in the matter of **CLARK, PHYLLIS vs. MAIN STREET ACQUISITION CORP** is available to be delivered to your offices today via email or sent out via Fed Ex. Please complete the credit card form attached with your credit card number, expiration date, name as it appears on the card, signing same, and return it us by FAX, or if you prefer, you may send us a check payable to ACCURATE COURT REPORTING, INC. in the amount of \$ **600.70**. If you would like to pay by check, please let us know when it will be available and we can ship the transcript(s) out via Fed ex and Fed ex will pick up the check and deliver the transcript(s).

Please have someone from your office contact me ASAP to confirm receipt of this C.O.D. invoice and to inform us of your intended method of payment.

Thank you for your immediate attention.

Sincerely,

Elise Hall
Accounting Assistant
Toll Free 1-888-227-3335
Fax: 1-800-862-4206
E-Mail accounting@acrdepos.com



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 info@acrdepos.com • scheduling@acrdepos.com • www.acrdepos.com

COD INVOICE # 34555

LAW OFFICES OF BOYD W. GENTRY, ESQ.
 BOYD W. GENTRY, ESQ.
 9 EAST DAYTON STREET
 WEST ALEXANDER, OH 45381

Shipped To: GENTRY, BOYD W. ESQ.
 9 EAST DAYTON STREET
 WEST ALEXANDER, OH 45381

Assignment	ACR File Number	Shipped	Shipped Via
November 16, 2012	8420		C.O.D.
Case			
CLARK, PHYLLIS vs. MAIN STREET ACQUISITION CORP			
Description			Amount Due
Deposition of JASON HARRISON			\$ 600.70

Thank you for your prompt payment.



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 info@acrdepos.com • scheduling@acrdepos.com • www.acrdepos.com

Assignment # 21847

Invoice # 34555

Amount Due: \$600.70

CREDIT CARD PAYMENT AUTHORIZATION FORM

Check one

☐ First time authorization ☐ Update Information ☐ Recurring authorization

Payer Information (Please PRINT)

Name of person authorizing payment:												
Name of business (if applicable and hereafter "Accountholder"):												
Business Address (if applicable):												
City:	State:	Zip: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Credit Card Account Information (Please PRINT)

Cardholder Name (exactly as it appears on the card hereafter "Cardholder"):																							
Credit Card Billing Address:																							
City:	State:	Zip: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Credit Card Type (please check one)	MasterCard	Visa	American Express																				
Credit Card Number: (Master or Visa Card):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
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Credit Card Number: (American Express):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
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Payment Authorization

By completing and executing this form, the cardholder acknowledges and agrees that Accurate Court Reporting, Inc. (hereafter "ACR, Inc.") is authorized as of the authorization date set forth below and subject to the terms and conditions set forth below, to charge the credit card, debit card, charge card or other payment card (each referred to herein as "credit card"), specified above for amounts billed to the accountholder or the cardholder specified above for services rendered. All videoconferences are charged according to the amount of time booked, not used. Room rentals are based on hourly fees, with a minimum of one hour and billed in half-hour increments thereafter. Any equipment supplied to you by ACR, Inc., is to be used with care and to be returned within 5 days of the scheduled project. If there is any damage to the equipment, we will charge your card the fair market value of the equipment. ACR, Inc. will send the accountholder or cardholder an invoice for services rendered. ACR, Inc. will charge the above credit card for the amount specified in the invoice on the date of the invoice. The accountholder/cardholder should ensure such charge will not cause the credit card account to exceed any established credit limits or available balances as on that date of charge. There will be a \$25.00 penalty for any rejected charge pursuant to this authorization. Cardholder acknowledges that they will continue to be liable for any such rejected or any unpaid charges including all penalties. Cardholder further authorizes ACR, Inc. to initiate a charge or credit as necessary to correct any prior overpayment or underpayment of any invoice or any other charge or credit effected under this or prior authorization(s). ACR, Inc. and cardholder further acknowledge that if this payment authorization is for a recurring charge, then ACR, Inc. will inform cardholder of any variances in the recurring amount. Each charge will appear as a payment on the next invoice sent to accountholder/cardholder after the charge date. Recurring charges will begin with the first invoice we send the accountholder/cardholder after we receive and process this form.

Cancellation fees: 50% of room rental will be assessed if cancelled two days prior to conference; 100% of room rental if cancelled within 24 hours of conference. All room rentals must be paid in full at the time of booking. You will be charged double the time allotment booked as a precautionary security deposit. This security deposit covers any additional costs due to overage on time allotment, administrative costs, or technical support.

At the completion of your conference, any monies owed will be credited to your account. To Update/Cancel the above credit card information, please execute this form and check "Update Information" or "Cancel authorization" and fax back to number provided below. This authorization shall remain in effect until ACR, Inc. receives a new form requesting an update or cancellation, and ACR, Inc. has had sufficient time to clear any arrears and act on the authorization. Cardholder will continue to be liable for any invoices due and pending as of such termination. Cardholder is responsible for informing ACR, Inc. of any changes in the above information.

If you have any questions on billing or credit card charges, please contact ACR, Inc., 24650 Sandhill Blvd, Suite 401 Punta Gorda, Florida 33983.

Tel: 1-888-227-3335 Fax: 1-800-862-4206

Signature of Cardholder: _____ Authorization Date: _____

INVOICE



P.O. Box 30984
Columbus, OH 43230-0984
www.spectrumreporting.com

614-444-1000
1-800-635-9071
Fax: 614-444-3340

Boyd W. Gentry, Esq.
Law Office of Boyd W. Gentry, LLC
9 East Dayton Street
West Alexandria, OH 45381

Invoice No.	Invoice Date	Job No.
34954	9/19/2012	10707
Job Date	Case No.	
8/31/2012	1:12CV408	
Case Name		
Phyllis A. Clark v Main Street Acquisition Corp.		
Payment Terms		
Net 30 days; 1.5% per month thereafter		

Court Reporting Services at the Deposition of:

Phyllis A. Clark

Conference Room Rental	1.00	@	100.00	100.00
Reporter attendance	4.75	Hours @	55.00	261.25
Original transcript	189.00	Pages @	3.55	670.95
Preparation and emailing of ASCII, PDF and/or E-Transcript	1.00	@	0.00	0.00
Scanning documents or exhibits	37.00	Pages @	0.20	7.40
Email-only delivery / no hard copies	1.00	@	0.00	0.00

TOTAL DUE >>> \$1,039.60

We have retained your original exhibits to save the delivery costs since you have received your files electronically. If at any time you need the original exhibits, please contact Spectrum Reporting and we will send them to you.

Thank you! We appreciate your business.

Tax ID: [REDACTED]